

Fill in this information to identify your case and this filing:

Debtor 1 Timothy Donald Taylor
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION

Case number 2:17-bk-23253

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

2322 Westwood Ln

Street address, if available, or other description

Chesterton IN 46304-9114
 City State ZIP Code

Porter

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$205,200.00

Current value of the portion you own?
\$102,600.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$102,600.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 Taylor, Timothy DonaldCase number (if known) 2:17-bk-23253**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1 Make: Volvo
 Model: S80
 Year: 2006
 Approximate mileage: 96000
 Other information:

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$1,937.00\$968.50**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$968.50**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

Stove, refrigerator, dishwasher, microwave, sofa, chairs, kitchen table with 8 chairs, 2 bedroom sets

\$1,000.00**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

3 TVs, 2 Blu-ray players, 1 desktop computer, 1 laptop computer

\$500.00**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☐ No
☒ Yes. Describe.....

1 painting

\$100.00**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☐ No
☒ Yes. Describe.....

Golf clubs, 1 basketball stand

\$700.00

Debtor 1 **Taylor, Timothy Donald**Case number (if known) **2:17-bk-23253****10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

- ☒ No
☐ Yes. Describe.....

11. Clothes*Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*

- ☐ No
☒ Yes. Describe.....

Men's clothing**\$200.00****12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver*

- ☒ No
☐ Yes. Describe.....

13. Non-farm animals*Examples: Dogs, cats, birds, horses*

- ☐ No
☒ Yes. Describe.....

1 Husky-yellow lab mix; 1 Silver Lab**\$5.00****14. Any other personal and household items you did not already list, including any health aids you did not list**

- ☒ No
☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$2,505.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?**

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

16. Cash*Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition*

- ☒ No
☐ Yes.....

17. Deposits of money*Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.*

- ☐ No
☒ Yes..... Institution name:

17.1. **Checking Account** **Main Source Bank checking account**
#xxx7287

\$7.03

17.2. **Checking Account** **BMO Harris Bank checking xxxxxx2175**

\$11.04**18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts*

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No

Debtor 1 Taylor, Timothy DonaldCase number (if known) 2:17-bk-23253☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

401(k) or Similar Plan

Institution name:

Voya 401k\$33,000.00**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....

Debtor 1 Taylor, Timothy DonaldCase number (if known) 2:17-bk-23253**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:Indiana Farm Bureau Whole Life
InsuranceAmy Taylor\$2,000.00**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.*☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$35,018.07**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.***If you own or have an interest in farmland, list it in Part 1.***46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here**\$0.00

Debtor 1 **Taylor, Timothy Donald**Case number (if known) **2:17-bk-23253****Part 8:** List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$102,600.00
56. Part 2: Total vehicles, line 5	\$968.50	
57. Part 3: Total personal and household items, line 15	\$2,505.00	
58. Part 4: Total financial assets, line 36	\$35,018.07	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	+ \$0.00	
62. Total personal property. Add lines 56 through 61...	\$38,491.57	Copy personal property total \$38,491.57
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$141,091.57

Fill in this information to identify your case:

Debtor 1	Timothy Donald Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION		
Case number (if known)	2:17-bk-23253		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2322 Westwood Ln Chesterton IN, 46304-9114 County : Porter Line from <i>Schedule A/B</i> : 1.1	\$102,600.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1)
Volvo S80 2006 96000 Line from <i>Schedule A/B</i> : 3.1	\$968.50	<input checked="" type="checkbox"/> \$968.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Stove, refrigerator, dishwasher, microwave, sofa, chairs, kitchen table with 8 chairs, 2 bedroom sets Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
3 TVs, 2 Blu-ray players, 1 desktop computer, 1 laptop computer Line from <i>Schedule A/B</i> : 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
1 painting Line from <i>Schedule A/B</i> : 8.1	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Golf clubs, 1 basketball stand Line from Schedule A/B: 9.1	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Men's clothing Line from Schedule A/B: 11.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
1 Husky-yellow lab mix; 1 Silver Lab Line from Schedule A/B: 13.1	<u>\$5.00</u>	<input checked="" type="checkbox"/> <u>\$5.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Main Source Bank checking account #xxx7287 Line from Schedule A/B: 17.1	<u>\$7.03</u>	<input checked="" type="checkbox"/> <u>\$7.03</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
BMO Harris Bank checking xxxxxx2175 Line from Schedule A/B: 17.2	<u>\$11.04</u>	<input checked="" type="checkbox"/> <u>\$11.04</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(3)
Voya 401k Line from Schedule A/B: 21.1	<u>\$33,000.00</u>	<input checked="" type="checkbox"/> <u>\$33,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(6)
Indiana Farm Bureau Whole Life Insurance Line from Schedule A/B: 31.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ind. Code § 27-2-5-1(b)

3. Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1	Timothy Donald Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION		
Case number (if known)	2:17-bk-23253		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any

2.1 **CitiMortgage,
Inc/Federal Mortgage
Assoc**

Creditor's Name
**c/o Reisenfeld &
Associates
3962 Red Bank Rd
Cincinnati, OH
45227-3408**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:
**2322 Westwood Ln, Chesterton, IN
46304-9114**

\$214,925.36**\$205,200.00****\$32,259.56**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) **1st Mortgage**

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **01/25/2006**Last 4 digits of account number **8774**

2.2 **Fannie Mae Home Saver
Advance**

Creditor's Name
**c/o Clear Spring
PO Box 52238
Idaho Falls, ID
83405-2238**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:
**2322 Westwood Ln, Chesterton, IN
46304-9114**

\$5,882.20**\$205,200.00****\$0.00**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another

Debtor 1 **Timothy Donald Taylor**

Case number (if known)

2:17-bk-23253

First Name Middle Name Last Name

☐ Check if this claim relates to a community debt☒ Other (including a right to offset) **Home Saver**Date debt was incurred **2017**Last 4 digits of account number **9349****2.3 Fifth Third Bank**

Creditor's Name

**PO Box 630778
Cincinnati, OH
45263-0778**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$16,652.00**\$205,200.00****\$0.00****2322 Westwood Ln, Chesterton, IN
46304-9114**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) **2nd Mortgage Loan/Home Equity**

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **07/28/2006**Last 4 digits of account number **3086****2.4 Joyce C. Taylor**

Creditor's Name

**536 S Scoville Ave
Oak Park, IL 60304-1404**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$6,048.00**\$0.00****\$6,048.00****2011 Ford Edge titled in Joyce Taylor's name. Joyce has a loan with RBS Citizzen in her name only. Debtor pays his mother monthly payments for the vehicle in his possession.**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset) **Car Loan in mother's name but Debtor pays**

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **2012**Last 4 digits of account number **NA**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$243,507.56

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$243,507.56**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code

Seterus**PO Box 1077****Hartford, CT 06143-1077**On which line in Part 1 did you enter the creditor? **2.1**Last 4 digits of account number **8774**

Debtor 1 **Timothy Donald Taylor**
First Name Middle Name Last Name

Case number (if known) **2:17-bk-23253**

Fill in this information to identify your case:

Debtor 1	Timothy Donald Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION		
Case number (if known)	2:17-bk-23253		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B; Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Illinois Department of Revenue Priority Creditor's Name	4116	\$178.50	\$178.50
	PO Box 1040 Galesburg, IL 61402-1040 Number Street City State Zip Code	2016		
	When was the debt incurred?			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Other. Specify _____			
	Tax liabilities			

Debtor 1 Taylor, Timothy Donald

Case number (if known)

2:17-bk-23253

2.2

Internal Revenue Service

Priority Creditor's Name

Last 4 digits of account number

6272\$12,053.79\$12,053.79\$0.00

When was the debt incurred?

2014-2016**PO Box 7346****Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. SpecifyTax liabilities**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

Associated Pediatricians

Nonpriority Creditor's Name

c/o Komyatte & Casbon PC**9650 Gordon Dr****Highland, IN 46322-2909**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

3738\$75.80

When was the debt incurred?

05/06/2016

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical

Debtor 1 Taylor, Timothy Donald

Case number (if known)

2:17-bk-23253

4.2

Buck's Heating & Air

Nonpriority Creditor's Name

Last 4 digits of account number 0421\$92.30**1499 Woodlawn Ave
Chesterton, IN 46304-1895**

Number Street City State Zip Code

When was the debt incurred? 05/27/2016

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☒ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Service

4.3

Capital One

Nonpriority Creditor's Name

Last 4 digits of account number 3754\$301.63**PO Box 30285
Salt Lake City, UT 84130-0285**

Number Street City State Zip Code

When was the debt incurred? 2017

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Credit Card

4.4

Children's Surgical Foundation, Inc

Nonpriority Creditor's Name

Last 4 digits of account number 7577\$83.46**737 N Michigan Ave Ste 1650
Chicago, IL 60611-6748**

Number Street City State Zip Code

When was the debt incurred? 10/24/2016

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify Medical

Debtor 1 **Taylor, Timothy Donald**

Case number (if known)

2:17-bk-23253

4.5

Dermatology Center of NWI

Nonpriority Creditor's Name

Last 4 digits of account number **9206****\$22.95****70 W 94th PI****Crown Point, IN 46307-1710**

Number Street City State Zip Code

When was the debt incurred? **10 & 12/2016**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Medical Bill**

4.6

Express Scripts

Nonpriority Creditor's Name

Last 4 digits of account number **5535****\$203.30****c/o NRA Group LLC****2491 Paxton St****Harrisburg, PA 17111-1036**

Number Street City State Zip Code

When was the debt incurred? **2017**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Medical Bills**

4.7

Franciscan Alliance

Nonpriority Creditor's Name

Last 4 digits of account number **6631****\$61.15****28044 Network PI****Chicago, IL 60673-1280**

Number Street City State Zip Code

When was the debt incurred? **11 & 12/2016**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☒ Debtor 1 only☐ Contingent☐ Debtor 2 only☐ Unliquidated☐ Debtor 1 and Debtor 2 only☐ Disputed☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ Check if this claim is for a community debt☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ No☐ Debts to pension or profit-sharing plans, and other similar debts☐ Yes☒ Other. Specify **Medical Bills**

Debtor 1 Taylor, Timothy Donald

Case number (if known)

2:17-bk-23253

4.8

Global Payments Check Service

Nonpriority Creditor's Name

Last 4 digits of account number YT23\$4,000.00**PO Box 661158****Chicago, IL 60666-1158**

Number Street City State Zip Code

When was the debt incurred? 07/20/2013

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Misc.

4.9

Indiana Physician Services

Nonpriority Creditor's Name

c/o Durham & Durham LLP**5665 New Northside Dr Ste 510****Atlanta, GA 30328-4649**

Number Street City State Zip Code

Last 4 digits of account number 9617\$76.69When was the debt incurred? 01/01/2017

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bills

4.10

Indiana Physician Services

Nonpriority Creditor's Name

c/o Durham & Durham LLP**5665 New Northside Dr Ste 510****Atlanta, GA 30328-4649**

Number Street City State Zip Code

Last 4 digits of account number 7577\$31.99When was the debt incurred? 10/29/2016

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bills

Debtor 1 Taylor, Timothy Donald

Case number (if known)

2:17-bk-23253

4.11

Indiana Physician Services

Nonpriority Creditor's Name

Mailstop: 49503836**PO Box 660827****Dallas, TX 75266-0827**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8396\$76.69When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical Bills

4.12

Lakeshore Anesthesia PC

Nonpriority Creditor's Name

c/o Trustmark Recovery Services**541 Otis Bowen Dr****Munster, IN 46321-4158**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5112\$112.00When was the debt incurred? 04/21/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical

4.13

Northwest Indiana Eye Associates

Nonpriority Creditor's Name

2101 Burlington Beach Rd**Valparaiso, IN 46383-1665**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5671\$80.00When was the debt incurred? 09/26/2016

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Medical

Debtor 1 **Taylor, Timothy Donald**

Case number (if known)

2:17-bk-23253

4.14

Podiatric Medical Associates, PC

Nonpriority Creditor's Name

**c/o Komyatte & Casbon PC
9650 Gordon Dr
Highland, IN 46322-2909**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4940****\$255.44**When was the debt incurred? **02/08/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.15

Porter Hospital

Nonpriority Creditor's Name

**c/o PASI
PO Box 188
Brentwood, TN 37024-0188**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1376****\$4,435.33**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical**

4.16

Porter Physician Group

Nonpriority Creditor's Name

**PO Box 14099
Belfast, ME 04915-4034**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2340****\$1,309.22**When was the debt incurred? **1 & 3/2017**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Debtor 1 **Taylor, Timothy Donald**

Case number (if known)

2:17-bk-23253

4.17

Porter Physician Group

Nonpriority Creditor's Name

Last 4 digits of account number **2340****\$14.35****PO Box 14099****Belfast, ME 04915-4034**

Number Street City State Zip Code

When was the debt incurred? **08/26/2016**

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bill**

4.18

Porter Regional Hospital

Nonpriority Creditor's Name

c/o Snow & Sauterteig**203 E Berry St Ste 1100****Fort Wayne, IN 46802-2715**

Number Street City State Zip Code

Last 4 digits of account number **4808****\$11.30**When was the debt incurred? **2017**

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical**

4.19

Porter Regional Hospital

Nonpriority Creditor's Name

15708 Collection Center Dr**Chicago, IL 60693-0157**

Number Street City State Zip Code

Last 4 digits of account number **1941****\$4,145.49**When was the debt incurred? **01/01/2017**

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical Bills**

Debtor 1 Taylor, Timothy DonaldCase number (if known) 2:17-bk-23253

4.20

Porter Regional Hospital

Nonpriority Creditor's Name

Last 4 digits of account number 6110\$19.81**15708 Collection Center Dr
Chicago, IL 60693-0157**

Number Street City State Zip Code

When was the debt incurred? 01/20/2017

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical Bills

4.21

Precision Dental Center

Nonpriority Creditor's Name

Last 4 digits of account number 919\$72.74**1140 S Calumet Rd Ste 1
Chesterton, IN 46304-3284**

Number Street City State Zip Code

When was the debt incurred? 2017

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Dental

4.22

Radiologic Assoc of NW IN P

Nonpriority Creditor's Name

Last 4 digits of account number 6247\$11.90**PO Box 809636
Chicago, IL 60680-8802**

Number Street City State Zip Code

When was the debt incurred? 1/1 & 4/2017

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Medical Bills

Debtor 1 **Taylor, Timothy Donald**

Case number (if known)

2:17-bk-23253**4.23****Vale Park Dental**

Nonpriority Creditor's Name

Last 4 digits of account number **6400****\$1,465.20****502 Wall St Ste 103****Valparaiso, IN 46383-2599**

Number Street City State Zip Code

When was the debt incurred? **2016-2017**

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

GC Services
Dept HOVS 037
PO Box 3044
Livonia, MI 48151-3044

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4116

Name and Address

Harris & Harris, Ltd
111 W Jackson Blvd Ste 400
Chicago, IL 60604-4135

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6631

Name and Address

Harris Welsh & Lukmann
107 Broadway
Chesterton, IN 46304-2464

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0421

Name and Address

Indiana Physicians Service
Mailstop 49503836
PO Box 660827
Dallas, TX 75266-0827

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9617

Name and Address

Performant
PO Box 9045
Pleasanton, CA 94566-9028

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):☒ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6272

Name and Address

PMD
PO Box 3475
Toledo, OH 43607-0475

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.11** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8396**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Debtor 1 **Taylor, Timothy Donald**Case number (if known) **2:17-bk-23253****Total claims
from Part 1**

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.

6e. **Total Priority.** Add lines 6a through 6d.**Total claims
from Part 2**

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.**Total Claim**

6a. \$ 0.00

6b. \$ 12,232.29

6c. \$ 0.00

6d. \$ 0.00

6e. \$ 12,232.29**Total Claim**

6f. \$ 0.00

6g. \$ 0.00

6h. \$ 0.00

6i. \$ 16,958.74

6j. \$ 16,958.74

Fill in this information to identify your case:

Debtor 1	Timothy Donald Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION		
Case number (if known)	2:17-bk-23253		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code.</small>	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Timothy Donald Taylor		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION			
Case number (if known)	2:17-bk-23253		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Amy Taylor**
2322 Westwood Ln
Chesterton, IN 46304-9114

☐ Schedule D, line _____
☒ Schedule E/F, line **4.2**
☐ Schedule G _____
Buck's Heating & Air

3.2 **Amy Taylor**
2322 Westwood Ln
Chesterton, IN 46304-9114

☒ Schedule D, line **2.1**
☐ Schedule E/F, line _____
☐ Schedule G _____
CitiMortgage, Inc/Federal Mortgage Assoc

3.3 **Amy Taylor**
2322 Westwood Ln
Chesterton, IN 46304-9114

☒ Schedule D, line **2.2**
☐ Schedule E/F, line _____
☐ Schedule G _____
Fannie Mae Home Saver Advance

Debtor 1 Taylor, Timothy DonaldCase number (if known) 2:17-bk-23253**Additional Page to List More Codebtors***Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt*
Check all schedules that apply:

3.4 Amy Taylor
2322 Westwood Ln
Chesterton, IN 46304-9114

☒ Schedule D, line 2.3
☐ Schedule E/F, line _____
☐ Schedule G _____
Fifth Third Bank

3.5 Amy Taylor
2322 Westwood Ln
Chesterton, IN 46304-9114

☒ Schedule D, line 2.4
☐ Schedule E/F, line _____
☐ Schedule G _____
Joyce C. Taylor

Fill in this information to identify your case:

Debtor 1 Timothy Donald Taylor
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA, HAMMOND DIVISION

Case number 2:17-bk-23253
 (if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Timothy Donald Taylor
 Signature of Debtor 1

X

 Signature of Debtor 2

Date November 21, 2017

Date _____